

TRICARE Pharmacy Program Medical Necessity Form for Tacrine (Cognex)

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Donepezil (Aricept), galantamine (Razadyne), memantine (Namenda), and rivastigmine (Exelon) are the Alzheimer's medications on the DoD Uniform Formulary. Tacrine (Cognex) is non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Cognex at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of tacrine *instead of a formulary medication* is medically necessary. If Cognex is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	RETAIL	MTF
If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/> <ul style="list-style-type: none">The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 ORThe patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/> <ul style="list-style-type: none">The provider may call: 1-866-684-4488 ORThe completed form may be faxed to 1-866-684-4477	<ul style="list-style-type: none">Non-formulary medications are available at MTFs only if both of the following are true:<ul style="list-style-type: none">The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.The non-formulary medication is determined to be medically necessary.Please contact your local MTF for more information. There are no cost shares at MTFs.

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

1	Patient Name:	_____	Physician Name:	_____
	Address:	_____	Address:	_____
		_____		_____
	Sponsor ID #	_____	Phone #:	_____
			Secure Fax #:	_____

Step 2 Please explain why the patient cannot be treated with any of the formulary alternatives:

2 Please indicate which of the reasons below (1-4) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a written clinical explanation specific for **EACH** formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Donepezil (Aricept)	1 2 3 4	
Rivastigmine (Exelon)	1 2 3 4	
Galantamine (Razadyne)	1 2 3 4	

Note: Namenda is not included in these criteria because it is used in a different patient population and not considered to be a formulary alternative for Cognex in most patients. The acetylcholinesterase inhibitors (Aricept, Cognex, Exelon, and Razadyne) are indicated for use in patients with mild to moderate Alzheimer's, while Namenda is indicated for use in patients with moderate to severe Alzheimer's.

Acceptable clinical reasons for not using a formulary alternative are:

- The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
- The patient has experienced or is likely to experience significant adverse effects (e.g., gastrointestinal adverse effects; drug interactions with concomitant medications) with the formulary alternative.
- The formulary alternative resulted in therapeutic failure (i.e., no slowing in cognitive and/or functional decline).
- The patient has previously responded to Cognex, is not experiencing hepatotoxicity, and is continually monitored for hepatotoxicity throughout the duration of therapy with Cognex, and changing to one of the formulary acetylcholinesterase inhibitors would incur unacceptable risk. Please explain in the space above.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

3

Prescriber Signature

Date